

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010307

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 15 Primary Registration District No. 5072 Registrar's No. 30

STATE FILE NUMBER

**FILED APR 1 1963**

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Newport Twp.</u>		Length of stay in 1b <u>80 years</u>	c. CITY OR TOWN <u>Lamar</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 4</u>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>W.</u> Last <u>DUNCAN</u>			4. DATE OF DEATH Month <u>March</u> Day <u>24</u> Year <u>1963</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-16-1882</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and state or country) <u>Lamar, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Harrison B. Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Ellen Kelley</u>	14. NAME OF HUSBAND OR WIFE <u>Mamie E. Duncan</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT <u>Mrs. C. W. Duncan, Lamar, Mo.</u>
---	-------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malignant melanoma scattering all over</u> his body.		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour <u>      </u> a.m. <u>      </u> p.m. Month, Day, Year <u>      </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>      </u>	COUNTY <u>      </u>	STATE <u>      </u>
---	--	--	---	----------------------	---------------------

21. I attended the deceased from <u>June 3, 1957</u> to <u>Mar. 24, 1963</u> and last saw him alive on <u>3-24-63 at 1:30AM</u> Death occurred at <u>7:25 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <u>Edmond Guldner, M.D.</u>	22b. ADDRESS <u>1103 Broadway, Lamar, Mo.</u>	22c. DATE SIGNED <u>3-25-63</u>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-27-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Moorehead Cemetery</u>	23d. LOCATION (City, town, or county) <u>Barton County, Mo.</u>
--	-------------------------------	---	--

24. FUNERAL DIRECTOR <u>Chiles Funeral Home, Lamar, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>March 26, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Marie Kenan</u>
--	---	---

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0060

2 0060

3

4 0

5 1

6

7 0

8 2

9 1909

10

11

12 90-0

13 2-0

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Lamar Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.